

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		6-15-00
O.I.P.E. CLASSIFIER		1E	623 CO
FORMALITY REVIEW	Shiver	JCG45	8-3-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	6/27/04
2	
3	✓
4	✓✓
5	✓✓
6	✓✓
7	✓✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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